

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 58815

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ronadero Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat, Bone Springs

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 31, T19S, R30E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

Fred Pool Drilling, Inc.

SEP 13 '89

3. ADDRESS OF OPERATOR

P.O. Box 1393, Roswell, N.M. 88201

O. C. D.

MINING OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FSL. 660' FWL

14. PERMIT NO.

30-015-26161

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3328' Gr

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Second intermediate string  
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

August 21, 1989:

TD 3420'; Ram 3418 Ft of new 20# 7" casing. Cemented with 1100 sx HLC and 250 sx Class "C", 2% CaCL. Circulated 155 sx to surface. WOC 18hrs. Tested casing to 1000# for 30 minutes. No Pressure leak. Tested BOP, OK.

RECEIVED

SEP 13 1989

18. I hereby certify that the foregoing is true and correct

SIGNED

*David R. Glass*

TITLE Vice President

DATE 8-28-89

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: